#### **APPLICATION DATA SHEET**

#### **Application Information**

Application number::

Filing Date:: 12/14/01

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: No

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: COBALT-PORPHYRIN COMPLEXES AND USE

THEREOF AS AN ANTI-OBESITY AGENT

Attorney Docket Number:: 660088.415

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

press Mail No.: EV020612979US

#### **First Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Tomas

Middle Name::

Family Name:: Szabo

Name Suffix::

City of Residence:: San Diego

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 3785 Third Avenue

City of mailing address:: San Diego

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 92103

#### **Second Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Soumitra

Middle Name:: S

Family Name:: Ghosh

Name Suffix::

City of Residence:: San Diego

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 12334 Pathos Lane

 City of mailing address::

San Diego

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address::

92129

### **Third Applicant Information**

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Robert

Middle Name::

Ε

Family Name::

**Davis** 

Name Suffix::

City of Residence::

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State or Province of Residence::

CA

Country of Residence::

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San Diego

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address::

92130

### **Correspondence Information**

Correspondence Customer Number ::

00500

### Representative Information

Representative Customer Number::	00500

# **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Nonprovisional of	60/255,960	12/15/00

## **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name::	MitoKor
Street of mailing address::	11494 Sorrento Valley Road
City of mailing address::	San Diego
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	92121